



***** Response *****
to Notice of Objection to Claim
March 9, 2007

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Honorable Robert D. Drain
United States Bankruptcy Judge
United States Bankruptcy Court
for the Southern District of NY
One Bowling Green, Room 610
New York, New York 10004

Delphi Corporation
5725 Delphi Drive
Troy Michigan 48098
Attn: General Counsel

Skadden, Arps, Slate, Meagher & Flom LLP
333 West Wacker Drive, Suite 2100
Chicago, IL 60606
Attn: John Wm. Butler, Jr., John K. Lyons,
and Joseph N. Wharton

| | | | |
|-----|--|-----------|---|
| RE: | Case No. 05-44481 (RDD) Chapter 11 Delphi Corporation, et al | Claimant: | Trinary Systems, Inc. 31553 S. Wixom Road, Suite #100 Wixom, MI 48393 |
|-----|--|-----------|---|

| Date Filed | Claim No. | Claim Amt | Basis for Objection | Modified Debtor | Modified Amt | Modified Nature |
|---------------|--------------|--------------|----------------------------|--------------------|-----------------|----------------------|
| 2/1/2006 | 1709 | \$1,411.25 | Subject to Modification | 05-44640 | \$1,411.25 | General Unsecured |

Basis for the Claim: Software services were rendered to and left unpaid by Delphi Corporation due to bankruptcy proceedings (invoice attached).

Statement: The claim identified as having a Basis for Objection of "*Claims Subject to Modification*" should not be disallowed and expunged due to the fact that:

1. The amount of the claim was not overstated as the amount is a monthly recurring service fee to assist in Delphi operations (payment for these services continues currently), and/or
2. The claim was not in foreign currencies, and/or
3. The claim did not seek to re-classify the total amount remaining, and/or
4. Trinary Systems, Inc. did not seek to specify the appropriate or different Debtor entity by case number.

None of the "*Claims Subject to Modification*" statements apply to Trinary Systems Inc.'s claim.

Trinary Claim #1709 is for the balance due on a recurring monthly invoice for operational services to Delphi Corporation. Delphi supplier electronic data communications and information are tracked using the ecTrack system provided to Delphi in order to manage it's supply chain. Delphi Corporation has continued to pay for these operational services subsequent to the October 8, 2005 filing and has continued to respect the previous nature of our business relationship.

Trinary Systems, Inc. has sufficient right to payment given Delphi's continuing need for services and it's value to Delphi operations today.

Sincerely,

Nancie E. Long
Controller


Cc: Donald Draheim, CEO Trinary Systems, Inc.
Jerry Baluha, Director of Technology, Trinary Systems, Inc.

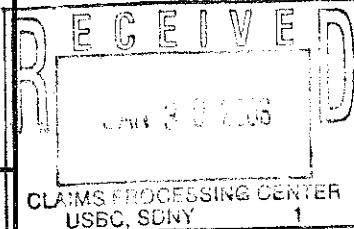
Attachments:

Proof of Claim and Invoice #3423
Aged Trial Balance showing partial payment
ecTrack Tool Description Document

Connecting You With Your Business Partners...

FORM B10 (Official Form 10) (04/05)

| | | |
|--|---|---|
| UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u> | | PROOF OF CLAIM |
| Name of Debtor <u>Delphi Corporation</u> | | Case Number <u>05-44481</u> |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. | | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Trinary Systems, Inc.</u> | | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |
| Name and address where notices should be sent: <div style="text-align: center;"> Trinary Systems Inc 30553 S. Wixom, Suite 100 Wixom, MI 48393</div> | | |
| Telephone number: <u>248.926.6777</u> <u>2184</u> | | THIS SPACE IS FOR COURT USE ONLY |
| Account or other number by which creditor identifies debtor: | | Check here <input type="checkbox"/> replaces a previously filed claim, dated: _____ if this claim <input type="checkbox"/> amends |
| 1. Basis for Claim <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: center;">(date) (date)</div> </div> </div> | | |
| 2. Date debt was incurred: <u>October 1 - 8, 2005</u> | | 3. If court judgment, date obtained: |
| 4. Total Amount of Claim at Time Case Filed: \$ <u>1,411.25</u> <div style="display: flex; justify-content: space-around; font-size: small;"> (unsecured) (secured) (priority) (Total) </div> <p style="font-size: x-small;">If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.</p> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | |
| 5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____ | | 7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <p style="font-size: x-small;">*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.</p> |
| 6. Unsecured Nonpriority Claim \$ <u>1,411.25</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. | | THIS SPACE IS FOR COURT USE ONLY |
| 8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. | | |
| 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. | | |
| 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim | | |
| Date <u>1.25.06</u> | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Marcie S. Long, Controller</u> | |



DETAIL HISTORICAL AGED TRIAL BALANCE

Trinary Systems Inc.

Receivables Management

System: 1/26/2006
User Date: 1/26/2006
10:28:04 AM

Ranges:

Customer ID:
Customer Class:
Salesperson ID:
Sales Territory:

PARTNER: First - Last
Customer Name: First - Last
Short Name: First - Last
Document Date: First - 1/26/2006

Customer: by Customer ID
Document: by Document Number

State: _____
 Telephone: _____
 ZIP Code: _____

First - Last
 First - Last
 First - Last

Account Type: All
Aging Date: 1/26/2006
Exclude: Zero Balance, No Activity, Fully Paid Documents, Multicurrency Info
Customer: Document:

* - Indicates an unposted credit document that has been applied.

| Customer: | | DELPHI-TROY | | Name: | | DELPHI AUTOMOTIVE SYSTEMS | | Account Type: | | Open Item | |
|----------------------|--------------------------|--------------|------------|----------|----------|---------------------------|----------------|----------------------------|--------------------|--------------------|----------------|
| PARTNER: | | Salesperson: | HOUSE | Credit: | | | | | | | |
| Contact: | COLLEEN MICHELIS | Territory: | MI | | | | | | | | |
| Phone: | (246) 267-0685 Ext. 0000 | Terms: | Net 30 | | | | | | | | |
| Document Number | Type | Date | Amount | Discount | Writeoff | Current | 0-30 Days | 31- 60 Days | 61 and over | | |
| 3289 | SLS | 9/13/2005 | \$6,250.00 | | | | | | \$6,250.00 | | |
| 3423 | SLS | 10/31/2005 | \$6,250.00 | | | | | \$6,250.00 (\$4,838.75) | | | |
| 3621 | SLS | 12/30/2005 | \$6,250.00 | | | \$6,250.00 | | | | | |
| | | | | | | Totals: | \$6,250.00 | \$0.00 | \$1,411.25 | \$6,250.00 | \$13,911.25 |
| | | | | | | | | | | | Balance |
| | | | | | | | | | | | |
| Grand Totals: | | | | | | Customer(s) | Current | 0-30 Days | 31- 60 Days | 61 and over | Balance |
| | | | | | | 1 | \$6,250.00 | \$0.00 | \$1,411.25 | \$6,250.00 | \$13,911.25 |



Trinary

ecTrack™

The Ultimate Supplier Initiative Tracking Management Tool

The Challenge

Successfully coordinate initiative implementations across an organization by optimizing the information and materials flow.

The Obstacles:

- Cut costs and improve quality and speed throughout the supply chain.
- Optimize the flow of information and material through the organization as well as the supply chain.
- Timely and accurate information across an organization instead of everyone maintaining their own spreadsheet or database within the organization.

Meeting The Challenge

By providing a central information repository for tracking initiative implementations, ecTrack™ allows all functional areas within an organization to access and maintain all relevant information for any or all initiatives.

The ecTrack™ Solution:

- Consistency and congruency tracking information across an organization
- Successful management and coordination of supplier initiatives information, including contacts, capabilities, communication logs, next steps and critical file attachments.
- More rapid benefit realization of the supplier initiatives investment
- Reduces the possibility of miscommunication and allows the organization to track supplier commitments.

Trinary's ecTrack™ will help an organization to be successful with any supplier initiative by providing the entire organization with consistent and easy access to supplier information

REPORT INITIATIVES PROGRESS
WITH A VARIETY OF STANDARD AND
USER DEFINED REPORTS

RECORD INTERACTIONS
WITH SUPPLIERS

LINK KEY DOCUMENTS
TO A SPECIFIC SUPPLIER

SCHEDULE FUTURE
TASKS AND NEXT
STEPS

REVIEW THE TIMELINE FOR
THESE SCHEDULED FOLLOW-
UPS

IDENTIFY SUPPLIER
INFORMATION INCLUDING
SHIP-TO LOCATION
COMMODITY, BUYER AND
PROVIDER INFORMATION



800-377-9120

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